

APPENDIX B

Hazardous Materials Inventory



NEW YORK STATE DEPARTMENT OF STATE
OFFICE OF FIRE PREVENTION AND CONTROL

HAZARDOUS MATERIALS REPORT FORM
(General Municipal Law, § 209-u)

The information entered herein is essential to your local fire chief for the protection of your employees, the fire-fighters and citizens in the immediate area, and to reduce damage to your property in the event of a fire or an emergency.

Every fire insurance policyholder, engaged in commerce in this state, is required by law to report the presence of hazardous materials at their business address.

Failure to file in accordance with the provisions of section 209-u of the General Municipal Law could result in a fine.

A separate report is required annually for each business address.

WHEN COMPLETED, THIS FORM MUST BE SENT TO YOUR LOCAL FIRE DEPARTMENT.

Hazardous Materials Location*

Firm Name ALLIEDSIGNAL-FLUORGLAS PROS Street Add. Only 14 MCCAFFREY STREET
Bus. Add. P.O. BOX 320 Bldg. Name or No. MCCAFFREY STREET
City, State, Zip HOOSICK FALLS, NY 12090 City, State, Zip HOOSICK FALLS, NY 12090
Tel. No. 518-686-7301 Policy Anniv. Date 8-10-94
Name of Emergency Contact P. J. BEAUMONT/KEN BROWNELL Bus. Tel. 518-686-7301 Home Tel. 7467/9424

[Signature]
(Signature and Title of Person Completing Form)

*It is suggested that a separate form be filled out for each building that contains hazardous materials.

EXEMPTIONS

Requests for exemptions from this law must be made in writing, attached to this form, and filed annually with your local fire department not later than the anniversary date of your policy.

All exemptions approved shall expire on the next policy anniversary date.

Exemptions denied shall require that the insured file a completed hazardous materials report form within 15 days of denial.

FOR FIRE DEPARTMENT USE ONLY

Exemptions: Approved _____ Denied _____ Additional Information Needed _____

(Date)



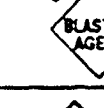


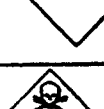
















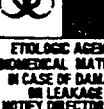

(Signature of Fire Chief)

(Fire Department Name and Address)

(Print Name of Fire Chief)

V Hazardous Material Listing (attach additional sheets if necessary)

Note: Definitions of symbols are on the second page of the instruction sheet.

Identifying Symbol	Material Description & Proper Shipping Name	Total Amount	Identifying Symbol	Material Description & Proper Shipping Name	Total Amount
				OXYGEN BOTTLE	1
					
				LAB PACKS	1 GAL
	AMMONIA HYDROXIDE	110 GAL		LAB PACK	1 GAL
					
	LAB PACKS	50 GAL			
	LAB PACKS	50 GAL		DCO ACID	60 GAL
				OC605 GREEN DISPERSION	60 GAL
					
	AEROSOLS-VARIOUS	5 GAL			
	ACETYLENE-BOTTLES	1			
	PROPANE	18,000 GAL			
					
	PTEE RESINS	1,000 GAL			
	PTEE DISPERSION	1,000 GAL			

VI Special Considerations/Remarks:

